

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

10-600-937

FLING DATE

06-20-03

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3						
4		1				
5						
6						
7						
8						
9						
10						
11						
12						
13	1					
14						
15		1				
16		1				
17		4				
18		4				
19		4				
20		4				
21		4				
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45						
46						
47						
48						
49						
50						
TOTAL IND.	2					
TOTAL DEP.	37					
TOTAL CLAIMS	39					

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51						
52						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						